



81634

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		Application Number	09/627,362
		Filing Date	July 28, 2000
		First Named Inventor	MELCHER, THORSTEN
		Group Art Unit	1634
		Examiner Name	CHAKRABARTI, ARUN K.
Total Number of Pages in This Submission 7		Attorney Docket Number	AGYT-013
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Form PTO-SB-08A 2. Copies of cited references 3. Postcard	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	PAMELA J. SHERWOOD, Reg. No. 36,677		
Signature			
Date	December 11, 2002		

RECEIVED

DEC 19 2002

TECH CENTER 1600/2900

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: December 11, 2002.			
Typed or printed name	Susan M. Alessi	Date	December 11, 2002
Signature			

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known																																											
		Application Number	09/627,362																																										
		Filing Date	July 28, 2000																																										
		First Named Inventor	MELCHER, THORSTEN																																										
		Examiner Name	CHAKRABARTI, ARUN K.																																										
		Group Art Unit	1634																																										
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	AGYT-013																																									
METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
FEE CALCULATION																																													
2. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Fee Code</th><th>Entity (\$)</th><th>Small Fee Code</th><th>Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td></td></tr></tbody></table>		Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)							
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																								
101	740	201	370	Utility filing fee																																									
106	330	206	165	Design filing fee																																									
107	510	207	255	Plant filing fee																																									
108	740	208	370	Reissue filing fee																																									
114	160	214	80	Provisional filing fee																																									
SUBTOTAL (1)																																													
1. EXTRA CLAIM FEES																																													
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>24 -20**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Indep. Claims 5-3**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td>=</td><td>=</td><td>=</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	24 -20**	=	x	=	Indep. Claims 5-3**	=	x	=	Multiple Dependent	=	=	=																												
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
24 -20**	=	x	=																																										
Indep. Claims 5-3**	=	x	=																																										
Multiple Dependent	=	=	=																																										
<table border="1"><thead><tr><th>Large Fee Code</th><th>Entity (\$)</th><th>Small Fee Code</th><th>Entity (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2) \$</td><td></td></tr></tbody></table>		Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) \$							
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid																																								
103	18	203	9	Claims in excess of 20																																									
102	84	202	42	Independent claims in excess of 3																																									
104	280	204	140	Multiple dependent claim, if not paid																																									
109	84	209	42	** Reissue independent claims over original patent																																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2) \$																																													
*or number previously paid, if greater; For Reissues, see above.																																													
		SUBTOTAL (3) (\$) 180.00																																											

RECEIVED
DEC 19 2002
TECH CENTER 1600/2900

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Pamela J. Sherwood	Registration No. (Attorney/Agent)	36,877	Telephone	(650) 327-3400
Signature		Date	12/11/2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, Washington, D.C. 20231 on this date.

Typed or Printed Name Susan M. Alessi

Signature

Susan M. Alessi

Date

December 11, 2002

**INFORMATION DISCLOSURE
STATEMENT**

Address to:
Commissioner for Patents
Washington, D.C. 20231

Attorney Docket

AGYT-013

First Named Inventor

MELCHER, THORSTEN

Application Number

09/627,362

Filing Date

July 28, 2000

Group Art Unit

1634

Examiner Name

CHAKRABARTI, ARUN K.

Title: "HIGH-THROUGHPUT TRANSCRIPTOME
ANALYSIS"

RECEIVED

DEC 19 2002

TECH CENTER 1600/2900

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. This is being filed **after** three months of the filing date of this national application or the date of entry of the national stage as set forth in §1.491 in an international application or **after** the mailing date of the first Office Action on the merits, whichever event occurred last, but **before** the mailing date of either a final action under §1.113 or a notice of allowance under §1.311, whichever occurs first.

A Form PTO-SB/08A listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

☒ All of the references identified herein are being submitted prior to the final determination on patentability by the Office.

☐ All of the references identified herein were cited in an International (PCT) Search Report dated *, in a PCT application corresponding to the above-identified U.S. application. A copy of the Search Report, including an indication of the purported relevance of the cited documents, is enclosed herewith. Copies of the references are submitted herewith.

☐ All of the references identified herein were disclosed in parent application Serial No. 60/146,640 and, as such, copies thereof are not included pursuant to the provisions of 37 C.F.R. §1.98(d), except if noted below.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

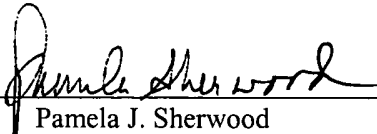
12/18/2002 DENWUJ1 00000001 500815 09627362

01 FC:1806 180.00 CH

X Please charge the \$180.00 fee required by 37 C.F.R. §1.97(c) and set forth in 37 C.F.R. 1.17(p) and any additional fees which may be required by this paper or any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21, or to credit any overpayment, to Deposit Account No. 50-0815, order number AGYT-013.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: December 11, 2002

By: 
Pamela J. Sherwood
Registration No. 36,677

BOZICEVIC, FIELD & FRANCIS LLP
200 Middlefield Road, Suite 200
Menlo Park, CA 94025
Telephone: (650) 327-3400
Facsimile: (650) 327-3231

+

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	09/627,362
				Filing Date	July 28, 2000
				First Named Inventor	MELCHER, THORSTEN
				Group Art Unit	1634
				Examiner Name	CHAKRABARTI, ARUN K.
				Attorney Docket Number	AGYT-013
Sheet	1	of	2		

U.S. PATENT DOCUMENTS						
Examiner Initials ¹	Cite No. ¹	U.S. Patent Documents		Name of Patentee or Applicant of Cited Documents	Date of Publication of Cited Document MM-DD-YYYY	Pages, columns, lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
		5,401,629		Harpold et al.	03-28-95	
		5,482,845		Soares et al.	01-09-96	
		5,637,685		Soares et al.	06-10-97	
		5,702,898		Bonaldo et al.	12-30-97	RECEIVED
		5,759,822		Chenchik et al.	06-02-98	
		5,780,225		Wigler et al.	07-14-98	DEC 19 2002
		5,830,662		Soares et al.	11-03-98	
		5,846,721		Soares et al.	12-08-98	TECH CENTER 1600/2900
		5,866,330		Kinzler et al.	02-02-99	

[illegible]

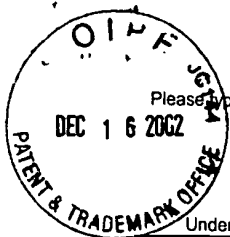
Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²See attached Kinds of U.S. Patent Documents. ³Enter Office that issued the document, by the two-letter code (WIPO Standard St.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by Japanese patent law, such as utility model, design patent, etc.

Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →



PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO		Complete if Known		RECEIVED DEC 19 2002 TECH CENTER 1600/2900
		Application Number	09/627,362	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Filing Date	July 28, 2000	
		First Named Inventor	MELCHER, THORSTEN	
		Group Art Unit	1634	
		Examiner Name	CHAKRABARTI, ARUN	
Sheet	2	of	2	Attorney Docket Number AGYT-013

OTHER PRIOR ART—NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ²
		AUSUBEL et al., "Production of a Complete cDNA Library", CURRENT PROTOCOLS IN MOLECULAR BIOLOGY, (1999), Greene Publishing and Wiley-Interscience, New York Supplement	
		BONALDO et al., "Normalization and Subtraction: Two Approaches to Facilitate Gene Discovery", Genome Res., (1996), 6:791-806	
		DIATCHENKO, L. et al., "Suppression subtractive hybridization: A method for generating differentially regulated or tissue-specific cDNA probes and libraries", Proc. Natl. Acad. Sci., (1996), 93:6025-6030	
		GURSKAYA, N.G. et al., "Equalizing cDNA Subtraction Based on Selective Suppression of Polymerase Chain Reaction: Cloning of Jurkat Cell Transcripts Induced by Phytohemagglutinin and Phorbol 12-Myristate 13-Acetate", Analytical Biochemistry, (1996), 240: 90-97	
		NGUYEN, C. et al., "Differential Gene Expression in the Murine Thymus Assayed by Quantitative Hybridization of Arrayed cDNA Clones", (1995), Genomics, 29:207-216	
		SOARES et al., "Construction and characterization of a normalized cDNA library", (1994), Proc. Natl. Acad. Sci., 91:9228-32	
		STRAUS et al., "Genomic subtraction for cloning DNA corresponding to deletion mutations", (1990), Proc. Natl. Acad. Sci., 87: 1889-1893	

Examiner Signature		Date Considered	
-------------------------------	--	----------------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.